



## U.S. Department of Justice

Executive Office for United States Trustees

### APPLICATION FOR APPROVAL AS A NONPROFIT BUDGET AND CREDIT COUNSELING AGENCY

An application package is complete if all questions/items have been responded to and either original or conformed copies of the documents requested in the application are attached. Failure to file a complete application may result in the delay or denial of the application. Responses to the questions on this application are continuing and the applicant must promptly notify the Executive Office for United States Trustees of any circumstances that would cause an answer to any question to change. If additional space is required to complete an answer, attach a separate page with the name of the organization, the federal tax identification number, and the question number indicated on the top, right-side of the page.

#### Section 1. General Information Concerning the Organization

- 1.1 Agency is a(n): ☐ Corporation ☐ Unincorporated Association  
☐ Partnership ☐ Limited Liability Partnership  
☐ Limited Liability Corp. ☐ Other \_\_\_\_\_

- 1.2 Name(s) under which Agency conducts business, including any d/b/a:

- 1.3 Primary business address (include street and mailing address):

- 1.4 State of organization: \_\_\_\_\_ Date of organization: \_\_\_\_\_

- 1.5 Federal Tax ID No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

- 1.6 Name, street address, telephone number, Email address, and fax number of the principal contact for the Agency.

- 1.7 Name, street address, telephone number, Email address, and fax number of the registered agent for the Agency.

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- 1.8 The date on which the board of directors or other governing body passed or authorized a resolution authorizing the filing of this application.

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- 1.9 List each judicial district for which the Agency requests approval.

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- 1.10 List all locations of branch and satellite offices, if any. For each office that serves clients, provide the mailing address, street address, telephone number, fax number, business hours, Email address, Internet website, and number of personnel employed at the location.

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- 1.11 Will the Agency administer debt management plans?    \_\_\_\_ YES    \_\_\_\_ NO

## **Section 2. Status as a Nonprofit Organization**

- 2.1 Identify the Agency's basis for nonprofit status (e.g., Section 501(c)(3) status under the Internal Revenue Code).

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- 2.2 State all names, including any d/b/a, a/k/a, f/k/a, and street and mailing address(es) the Agency has used in the last three years.

- 2.3 Identify each officer, director, or trustee who served within the last three years, and provide their term of office, street address, principal occupation, employment experience, and state whether they have ever been convicted of a crime involving fraud, dishonesty, or false statements.

- 2.4 Identify each agent or independent contractor who performs credit counseling services on behalf of the Agency or that regularly refers clients to the Agency. Provide each agent's or independent contractor's street address, mailing address, telephone number and fax number, Email address, and Internet website, if any.

- 2.5 Identify all affiliated businesses or subsidiaries of the Agency within the last three years, including those persons identified as owners, officers, directors, partners, and trustees of those affiliated business or subsidiaries; whether organized for profit or not for profit; and the location and the nature of the business of each such affiliate business or subsidiary.

- 2.6 Provide the names of all businesses with which the Agency conducts business in which an officer, director, employee, or insider of the Agency holds, directly or by nominee, a 20 percent ownership or financial interest.

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### **Section 3. Quality, Experience, and Background in Providing Credit Counseling Services**

- 3.1 How long has the Agency been in business? \_\_\_\_\_ Years \_\_\_\_\_ Months
- 3.2 How long has the Agency provided credit counseling services? \_\_\_\_\_ Years \_\_\_\_\_ Months
- 3.3 Disclose the total number of clients counseled by the Agency within the last 12-month period.

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- 3.4 If offering debt management plans, how long has the Agency offered debt management plans?  
\_\_\_\_\_ Years \_\_\_\_\_ Months

- 3.5 Disclose any memberships with credit counseling associations.

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- 3.6 Disclose any accreditation(s) or certification(s) by accrediting or certifying organization(s) (e.g., the Council on Accreditation).

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- 3.7 If, at any time, the Agency's accreditation or certification was revoked or suspended, or lapsed, within the last five years, disclose when and why.

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- 3.8 List each state in which the Agency is licensed to conduct business as a credit counselor.

- 3.9 List all legal actions, proceedings, investigations, arbitrations, mediations, audits by federal or state agencies, and potential bond or other claims in which the Agency is a party, pending or adjudicated, within the last three years, and the outcomes.

- 3.10 Disclose any prior or ongoing disciplinary or enforcement action by any applicable licensing, registration, or certification authority, court, or regulatory body against the Agency, or any officer, director, trustee, employee, or agent of the Agency, within the last three years.

- 3.11 If the Agency fails to meet the two-year business requirement, but currently employs in each location that serves clients at least one office supervisor with experience and background in providing credit counseling for no less than two of the last three years, provide the name, street address, phone number, and facsimile number of the supervisor(s) for each location and describe the supervisor(s) experience and educational background.

4.1 Identify the types of counseling services to be provided.

4.2 State the average length of time spent briefing a client. \_\_\_\_\_

Date	Time	Location	Weather	Temperature	Humidity	Wind Speed	Wind Direction	Cloud Cover	Visibility	Air Quality	Soil Moisture	Plant Growth	Animal Activity	Human Activity	Other Observations

- Any forms used in relation to the counseling services, including a budget analysis form.
- A sample of the contract entered into with clients for counseling services or debt management plans, if applicable.
- Fee schedule or suggested contribution schedule for all fees and contributions to be paid by client.

5.1 Complete and attach Appendix B, Employee Qualifications Matrix, for each location that will be staffed by counselors providing credit counseling services to clients. Enter the counselor's name and other identifying information in the employee box and complete the information as instructed. Place the Agency's name, address, and federal tax identification number on each matrix submitted.

5.2 Attach original or conformed copies of the following to the application:

- Any written standards, procedures, or guidelines provided to employees who provide credit counseling services.

**Section 6. Administration of Debt Management Plans and the Safekeeping and Payment of Client Funds**  
(To be completed only by Agencies offering debt management plans)

6.1 Disclose the total number of debt repayment plans serviced within the last 12-month period and the amount of distributions the applicant paid to creditors through those debt repayment plans.

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6.2 Will the Agency administer all plans? ☐ Yes ☐ No

If the answer to this question is “no,” disclose the name, street address, telephone number, Email address, and fax number of the entity that will administer the plans; the full name of all principals of the entity; and attach a copy of the debt management services agreement/contract between the Agency and the provider of the services.

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6.3 List the names and addresses of each bank or financial institution at which the Agency maintains an operating account(s) and trust account(s) in which clients’ funds will be deposited and withdrawn to pay respective creditors.

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- [illegible]

- Annual audited financial statements prepared in accordance with generally accepted accounting principles for the preceding two years.
- Original surety bond payable to the United States in an amount which is [the greater of 5 percent of the Agency's prior year disbursements made from trust accounts based upon the information provided in the last annual audit or \$5,000].
- Proof of adequate employee bonding or fidelity insurance.
- If applicable, any debt management services agreement/contract between the Agency and the provider of the debt management services.
- If the Agency fails to meet the two-year business requirement, but currently employs in each office location that serves clients at least one office supervisor with experience and background in providing credit counseling for no less than two of the last three years, the Agency shall provide:
  - a business plan, including a feasibility study and market analysis;
  - the current year's pro forma financial statements and cash flow projections, including, but not limited to, balance sheets, profit and loss statements, and statements of cash flow; and a year-to-date budget versus actual comparison, including all underlying assumptions; and
  - a financial statement for the prior 12 months, if available.

- 7.1 Attach an originally executed Appendix A, Acknowledgments, Agreements, and Declarations in Support of Application for Approval as a Nonprofit Budget and Credit Counseling Agency.
- 7.2 Attach original or conformed copies of the following to the application:

- (June 2005)



## Section 8. Certification and Signature

**I declare under penalty of perjury that I am authorized to complete this application on behalf of the above named organization; I have examined the contents of the application, enclosures, and other accompanying documents; and I believe that all representations are true and correct to the best of my knowledge, information, and belief.**

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Signature of President, Chairman, Trustee, or Other Authorized Official

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Type or Print Name of Signor

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Type or Print Title of Signor

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Date